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Bib Data Sheet

CONFIRMATION NO. 1183

SERIAL NUMBER 09/439,055	FILING DATE 11/12/1999 RULE	CLASS 360	GROUP ART UNIT 2651	ATTORNEY DOCKET NO. 008764-20001	
APPLICANTS PETROS A IOANNOU, PALOS VERDES E, CA; ELIAS B KOSMATOPOULOS, PALOS VERDES E, CA; ALVIN M DESPAIN, LOS ANGELES, CA;					
** CONTINUING DATA ***** None <i>JSX</i>					
** FOREIGN APPLICATIONS ***** None <i>JSX</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 12/13/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>JSX</i> Examiner's Signature <i>JSX</i> Initials		STATE OR COUNTRY CA	SHEETS DRAWING 18	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 5
ADDRESS 26021					
TITLE SERVO CONTROL APPARATUS AND METHOD USING ABSOLUTE VALUE INPUT SIGNALS					
FILING FEE RECEIVED 559	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/439,055	FILING DATE 11/12/99	CLASS 369	GROUP ART UNIT 2753	ATTORNEY DOCKET NO. 008764-20001
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APPLICANT PETROS A IOANNOU, PALOS VERDES E, CA; ELIAS B KOSMATOPOULOS,
PALOS VERDES E, CA; ALVIN M DESPAIN, LOS ANGELES, CA.

****CONTINUING DOMESTIC DATA*******

VERIFIED NONE

JOHN

****371 (NAT'L STAGE) DATA*******

VERIFIED NONE

JOHN

****FOREIGN APPLICATIONS*******

VERIFIED NONE

JOHN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/13/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 18	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 5
Verified and Acknowledged <u>JOHN</u> Examiner's Initials Initials					

ADDRESS ~~LOEB & LOEB LLP~~
10100 SANTA MONICA BLVD
LOS ANGELES CA 90067-4164

TITLE SERVO CONTROL APPARATUS AND METHOD USING ABSOLUTE VALUE INPUT SIGNALS

FILING FEE RECEIVED \$559	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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